Online Application Guide

Contents

Additional Help

For Technical Difficulty with the Online Application Process:

- If you are experiencing difficulty logging in or saving, getting kicked out of your application, or any other technical issue:

  Call the DWD Help Desk at 608-266-7252 to be connected to the Online Application Development Team

- If you have additional questions, please contact the Wisconsin Fast Forward Staff:

  - Shelly Harkins   Shelly.Harkins@dwd.wisconsin.gov   608-218-0783
  - Sandra Hiebert   Sandra.Hiebert@dwd.wisconsin.gov   608-216-8510

WISCONSIN **(FAST)** FORWARD

Applying for a Grant

All grant applications must be submitted through our online process that can be found at WisconsinFastForward.com. The on-line application is the ONLY document that may be used to apply for the WFF grant. Applications submitted any other way will NOT be considered.

Application Checklist

This checklist is provided to assist you in completing the online application process:

I. Preparing the project:

☐ The project will include at least one business with a presence (current or planned) in Wisconsin that has a documented, unmet need for skilled workers.

☐ The project will train workers who will work in Wisconsin.

☐ The skills can be taught in a training program that will last less than 12 months. The training will result in increased wages for incumbent employees and/or new positions for under/unemployed trainees.

☐ The training will not replace existing, routine business training that is already being provided.

☐ The applicant organization is willing and able to match grant funds with dollar for dollar cash and/or in-kind contributions to the project.

II. Preparing to Apply:

☐ I have downloaded and read the application instructions (this document), the project planning guide, the budget instruction form and the GPA under which I want to apply.

☐ I followed the instructions to get a Log-On several days before planning to start entering application data.

☐ I have mapped out my plan and gathered the needed information for my application.

III. On-Line Application:

☐ I have completed all the required blank fields.

☐ I have included a curriculum training statement for each class I will offer.

☐ I have included a placement outcome for each trainee. This includes placement information on incumbent workers even if the placement is the same as their current situation.

☐ Unless I am a government entity, I have provided at least one year of financial information on my organization – or I will follow the alternative methods listed below in section IV.

☐ I have carefully read and answered the compliance questions and the final page of terms and conditions.

☐ I have included sufficient match in my budget.

☐ I have clicked the Save button and my application status changed to submitted.

IV. Submission of Additional Information:

- ☐ I have sent the following to WisconsinFastForward@dwd.wisconsin.gov

    - ☐ A letter of commitment from each business partner involved in the application

    - ☐ A letter of commitment from each organization providing matching contributions

- ☐ If I did not include my financial information in the online application, I have sent one of the following to WisconsinFastForward@dwd.wisconsin.gov

    - ☐ A copy of audited financial statements

    - ☐ A letter from an independent auditor that includes the auditor's contact information, the dates of the audit, any audit findings, and material misstatements in the financial statements or other reasons for concern about the financial viability of the company and a range for the company's net worth.

    - ☐ A letter or statement from a bank or financial institution that shows or confirms the applicant's viability and wherewithal to complete this project.

Getting Access to the Application:

Before you can view, fill out and submit an application with Wisconsin Fast Forward, you will need to create a DWD login account.

DWD login Account:

If you already have set up an individual account with DWD (for example: Job Center of Wisconsin, Unemployment Insurance, Skills Explorer, Worknet, etc.) you do not need to create a new one to apply for WFF grants. Your login will get you to the registration portion.

If you do not have a DWD login, you can create one by clicking on the create login link on the website at WisconsinFastForward.com. Once submitted, your registration will be submitted to WFF for approval. These will be approved during business days from 8 a.m. to 4 p.m. If you are submitting an application during hours outside that timeframe, your registration will be processed the next business day.

When you login for the first time to register, you will be directed to enter some basic information about you and your organization. Check the box that indicates you are an "Applicant Writer".

OSD Authorization:

OSD staff will receive notification that you have registered and want to be authorized to use the WFF online application program. OSD staff will review your registration and determine authorization. Once you receive notice that you are authorized you may again log in and will be able to see the first page of the grant application.

Starting an Application

The application is divided into Tabs. You will be required to enter information onto each tab. **You will need to save each tab in order to capture the information you have entered or the information will be lost.** Also, don't use the back or forward button on your browser. Saved information may be edited anytime until you submit the application.

Tab 1 on the Application – Project Information

Project Overview

The Applicant refers to the one organization that will enter into the contract with DWD, receive the grant funds, and be responsible for project implementation, reporting, and funds management. Project Name is a title that you choose to use for your training project.

Anticipated Project Start Date should be no earlier than 60 days after the application due date, as projects may not begin until the award is made and contracts are issued. Actual Project Start Date will be defined in the contract.

Anticipated Project End Date must be within 2 years of the Project Start Date.

Total Cost, Anticipated Match and WFF Amount Requested will auto fill from your budget information on Tab 3. It won't auto-fill until you have completed the budget page.

The Number of Trainees should reflect the total trainees anticipated through the entire project. If your Training Project includes multiple training sessions throughout the 2 year period, this should reflect the total trainees throughout the Training Project even if they are taking multiple classes.

Please provide the number of each type of worker will be trained in your project.
- Unemployed refers to individuals who at the time of training do not have any employment.
- Underemployed worker refers to individuals who at the time of training are working at jobs below their skill level, at less than full-time, and/or for lower wages than a person's skill level.
- Incumbent-Existing refers to individuals who at the time of training are employees of the company. This includes persons working for the business under a staffing agency contract who are employed on or before the start date of the training.
- Number of Incumbent Workers-New Hire includes the number of people who were recently hired (since the release of this grant opportunity) and will be on the payroll at the time the training starts.

The Average Cost per Trainee will auto calculate based on number of trainees and WFF amount requested.

The Fiscal Agent refers to the person who will be in charge of the financial portion of the grant. The person named as the Fiscal Agent on the application must be employed by the Applicant. This person will be responsible for handling the grant funds, keeping receipts and records, submitting reimbursements, preparing for financial audits and submitting the final financial report.

Occupations being trained for require choosing O'Net Codes. To access a list of relevant O'Net codes, type in the job title you are planning to train. Then, in the drop down box, pick the code that most closely matches the position you are training.

Project Partners

You must save applicant name, county, and project name to access the Project Partners Section.

All Project Partners should be added under the appropriate category (Business, Training Provider, and Other Organization). If you have multiple Project Partners, you will complete a screen for each one with detailed information (name, address, etc.). You may continue to add information for each partner in the project by clicking on the orange add button. Once Project Partners information fields are complete and are added to the application, the Project Information Tab must be saved to add the Project Partner(s) information to the application.

The Applicant must be a project partner under the appropriate partner section (Business, Training Provider or Other Organization). List partners in the most appropriate categories; in some cases this means you will list them in more than one category. For example if a business is also providing the training you would list the business in both the business and training provider. If a business is going to place participants they need to be listed under the business project partner.

Depending on the Project Partner type, you will be asked to add the following:

Business: name, address and contact information for the Wisconsin business along with a description of the business, the total company employment (FTE), the total Wisconsin employment (FTE), North American Industry Classification System/ NAICS code(s) (this is optional) and annual revenues. To access the NAICS codes, start typing the text title of the code you want to find and the system will suggest potential codes to match. If applicable, "This organization is the applicant" must be checked.

Training Provider: organization name, address, a contact name and title, information, whether the organization is accredited and if so, under what agency, if it's a for-profit or non-profit organization and if applicable, "This organization is the applicant" must be checked .

Other Organization(s): organization name, address, a contact name and information for any other partner organization. If applicable, check "This organization is the applicant".

Curriculum Statement

For each component/training course, all required information will need to be entered before that component can be added to the application. Each application must have at least one curriculum statement.

Please add as many components/training courses to the application as you plan to offer. For each one, please complete the fields by adding the Title/Topic, the number of expected trainees, the occupation(s) you will be training for by O'Net Code (type a job title and click search and the system will return possible choices in the drop down box), whether it is new/existing/customized, and any certification that will be received upon completion. New is defined as a course that is being newly created under this project. Existing is defined as a course that is a completely created package that is developed and ready to go. Customized is defined as an existing course that requires some changes to make it relevant to this situation.

In the text box, for each component/training course please provide the following: the number of total hours the trainees will spend in training, the provider of the training and how that component of the training program relates to resolving the critical workforce training issue described in the Problem/Need Statement.

Once all the component/training course information is entered click the add button to place it on Tab 1, the Project Information Tab. This tab must then be saved in order to save the component information to the application.

Example:

Course Title or training topic	Number of Trainees	Occupation of Trainees	Course Hours Per Trainee	New, Existing or Customized	Certification
Basic Materials Science	10	Injection molder	8	New	none

In Basic Materials Science trainees will receive 4 hours of classroom instruction on the chemical properties of plastic and 4 hours of hands on instruction which will teach the critical components of heat and pressure in plastic injection molding. This is one of the five critical knowledge skills for safe and effective injection molding.

Placement of Trainees

Each business you added in the project partners section will now be in the drop down in the placement section, you will select the business that will be placing training out of the drop down box and indicate the number of trainees expected to be placed in each occupation; pre and post-training hourly wage of trainees not including benefits; and whether the level of training is entry-level (E), re-training (R) or advanced (A). In the average pre-training wage data field please use the current average wage for existing incumbents, average hiring wage for new hires, and zero for un/under employed. Once a placement is added to the Project Information Tab, make sure to save the placement information. You can add multiple businesses by clicking the orange add button and add additional placement data.

Example

Business Name	Occupations	Expected Placement Number	Average Pre-Training Hourly Wage without Benefits	Post-Training Hourly Wage without Benefits	Level of training
Acme Machine	Machinist	20	$12.00	$15.32	E

Tab 2 on the Application - Compliance

Compliance Checklist

Complete the checklist and clearly explain any yes answers in the text box except Workman's Compensation question.

Applicant Financial Information

Provide financial information about the Applicant business/organization in order to show financial viability. Include 3 years of the following information: the Fiscal Year Date, Type of Financial Statements used, Revenue, Expenses, Net Profit, Total Assets, Total Liabilities, and Net Worth. If your organization is less than 3 years old, you must enter at least one year of Applicant financial data in the Year 1 column.

Applicants who are public entities (UW System, WTCS, local governments, etc.) do not need to submit any financial information, but must fill in the Year 1 column with today's date for FYE Dated, 'N/A' for Type of Financial Statements, and '0.00' for remaining rows to meet the submission requirements of the online system.

If you are not a government entity, you can include your financial information in the application or you can email one of the following to wisconsinfastforward@dwd.wisconsin.gov:

- A copy of audited financial statements

- A letter from an independent auditor that includes the auditor's contact information, the dates of the audit, any audit findings, and material misstatements in the financial statements or other reasons for concern about the financial viability of the company and a range for the company's net worth.

- A letter or statement from a bank or financial institution that shows or confirms the applicant's viability and wherewithal to complete this project.

We must have at least one of the options above submitted for your grant to be considered complete.

Tab 3 on the Application - Budget

Budget Summary Table

For detailed budget instructions, download the Wisconsin Fast Forward Budget Guide located at WisconsinFastForward.com

Complete a project budget using the following categories. For each category, please provide justification in the budget detail section that describes how the item in that category will be used during the course of the grant project. Some fields are greyed out; this indicates that WFF grant funds may not be used for that expense. Please enter 0.00 in any budget category that will not be used for the proposed budget.

The total of the two match columns (in-kind and cash) must equal the minimum percentage of the total project costs as designed in the GPA. For example, if you are seeking grant funds for a project budgeted at $150,000, the match must be a minimum of $150,000. You may include excess match in your budget.

Budget Detail

It is important that you include specific details for each budget line item. For each budget line item, provide the justification that describes how the item in that category will be used in the course of the grant project, followed by the details including cost calculations.

Example:

> Facility (off-site): For the post training assessment, a written exam in conjunction with demonstration of skill attainment will be used. We will rent a conference room off-site with capacity to seat 40 test takers to provide a comfortable and quiet test environment for the final written assessment. Skill attainment demonstration will be completed at the training site. Comfort Inn and Suites, Hometown WI, Conference room rental for one day $250.00

Tab 4 on the Application – Project Needs Statement

(4500 Character limit)

Describe the nature and scope of the critical workforce problem the program will address. Identify the extent of the problem including an explanation of whether the workforce issue is limited to a single business, affects multiple employers in an industry sector or geographic region, or is common to the state or nation. Local, regional or statewide data should be used, if appropriate, to demonstrate the scope of the problem.

Tab 5 on the Application – Goals and Objectives (Long Form Only)

Economic Impact

(2000 Character Limit)
Provide details on the anticipated economic development impact of the project. Please state the number of new jobs that will be created in conjunction or as a result of the project. Provide information on whether the project is a necessary component of the creation of a new business, or the expansion of an existing business. List other pertinent specifics, such as whether the business is a base or emerging industry, is the impact in a rural, suburban or urban area, or if the training will result in retention of jobs that are currently at risk.

Economic Opportunity Enhancements

(2000 Character Limit)
Describe the process of job development and placement and set specific goals for numbers to be placed. Also include a narrative description of employee benefits to be provided. Describe the wage rates for the worker classifications targeted by this training project. Describe the demographics of the anticipated trainees such as race, ethnicity, age, sex, educational attainment. Is the project developing durable skills? Describe the general condition of the industry sector (is it declining, stable, expanding, or formative?). Does the project contain a documented process to recruit economically disadvantaged individuals into the workforce? Will the training result in increased wages for the successful trainees?

Training and Capacity Building

(2000 Character Limit)
Provide detailed information on the impact of this project on building the capacity of the workforce to support this business or business sector into the future. Factors to address include whether this project

creates a new curriculum that can be adopted into conventional post-secondary educational tracks, whether other educational organizations are collaborating in the development (and will adopt the new curriculum into the conventional educational track), whether this project is likely to result in a new credit-based certificate program, whether the educational partner will obtain new training specific equipment/technology that will be incorporated in the conventional educational track, and demonstrate the likelihood that the new curriculum will be used beyond the period of the grant.

Tab 6 on the Application –Design and Implementation (Long Form Only)

Eligibility

(2000 Character Limit)

Who is eligible to participate? Who is responsible for admission decisions? What is the anticipated capacity of your program?

For incumbent worker program you may discuss either how you will recruit and select new hires, or how you will choose who participates from your current work population.

Assessment

(2000 Character Limit)

Describe the process for pre-program skills or knowledge assessment, if any. Who administers the assessment? Describe the assessment tools to be used. Will you perform a skills/knowledge assessment at the end of the training? Is the post training assessment tool recognized as a valid employment screening tool within the industry?

Trainee Program Monitoring

(2000 Character Limit)

Describe the length and phases (if any) of the training program, the planned progression and the anticipated response to trainee performance, and the anticipated milestones in the program.

Tab 7 on the Application – Contributing Partners

(4500 Character Limit)

In the space provided below, briefly describe how the identified Project Partners will be involved in activities such as recruitment and selection of trainees, development of the training curriculum and educational pathways, implementation of the training program, contribution of resources, defining of career paths, etc.

Tab 8 on the Application – Sign and Submit

Letters of Commitment and Support

Please scan and email any letters of commitment or support as outlined below to: WisconsinFastForward@dwd.wisconsin.gov

These letters are a required piece of a complete application. Please include all letters in one email and on the email subject line the applicant business/organization name, title, and the grant application number.

For every business listed in the PLACEMENT section, other than the applicant business, please email a letter of commitment which confirms their agreement to employ the trainees, the number of placements at that business, and the wage and benefit information anticipated for the trainee/new employee which outlines their proposed contributions.

For each source of match funding, please attach a letter of commitment which outlines the proposed contributions and confirms the agreement to provide the funding and details what the funds will be used for.

You may attach any other letters of support as appropriate. Other letters of support could come from local organizations like economic development corporations, workforce development boards, and non-profit agencies as well as government entities like DWD job centers, local governments, and chambers of commerce.

Sample Letter of Commitment

Date

Wisconsin Office of Skills Development
Wisconsin Department of Workforce Development
201 East Washington Avenue
P.O. Box 7946
Madison, WI 53707-7946

Dear Evaluation Committee Members:

This letter is to confirm (business name)'s planned participation in and contribution to the (name of project) training program to be operated by (applicant name).

[Include the following when applicable:]

1. Plans to hire un/underemployed workers: Example: ABC Company agrees to hire 7 newly trained employees at an average wage of $X per hour plus benefits.

2. Plans for training existing workers: Example: ABC Company agrees to train 13 incumbent workers with an average wage of $X per hour, plus benefits. Upon successful completion of the training, these workers will receive wage increases of $X per hour.

3. Plans for match contributions: Example: ABC Company agrees to provide the following match to the project:

1.	Cash	$ XXXX
	To be used for (cite the planned use of these funds in the program) in conducting the program.	
2.	Loaned instructor(s) for XX weeks at XX hours per week, the equivalent of:	$ XXXX
3.	Donated equipment:	
	Drill $XXX	
	Grinder $XXX	
	Rotary Table $XXX	
		$ XXXX
4.	Wages and Benefits of incumbent trainees:	$ XXXX
		TOTAL: $XXXXX

This contribution is given to specifically match a grant from the Wisconsin Fast Forward (WFF) Program, and is not a general gift or donation that the training institution has or would otherwise receive without the prospect of WFF funding.

The training project will not result in any dislocation of company employees from their current place of employment. The increased skills training will benefit the trainees involved and is in response to a skills shortage experienced by both our firm and the industry.

The company does not anticipate any circumstances, financial or legal, barring the company from meeting its commitments as presented in the project proposal.

Sincerely,

_____   _____
Company Official - (Name and Title)   Date

Terms and Conditions

This section is to be reviewed and filled in by the individual that is authorized to commit the Applicant to the project. By entering his/her initials, that individual is agreeing to all the terms and conditions of the grant opportunity. The initials serve as a legal signature.

These are the terms and conditions to which the applicant agrees by submitting the document:

1) By submitting this application, I certify that to the best of my knowledge and belief, the information submitted is true and correct;

2) Funds granted as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this state;

3) Any proposed changes in this proposal as approved will be submitted in writing by the applicant and upon notification of approval by the state shall be deemed incorporated into and become part of this agreement;

4) Funds awarded may be terminated at any time for violations of any terms and requirements of this agreement;

5) By submitting this application, I certify that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors;

6) By submitting this application, I certify that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory interventions or inadequate capital to complete the project;

7) The applicant understands this application and other materials submitted to OSD may constitute public records subject to disclosure under Wisconsin's Public Records Law, § 19.31 et. Seq. the applicant will mark documents "trade secret" or "confidential" where appropriate for financial or other sensitive materials that should be, to the extent possible, kept in confidence. OSD will notify the applicant if it receives a public records request for material so marked;

8) The applicant agrees to comply with all state and federal civil rights laws the Federal Civil Rights Act of 1964; and

9) The applicant agrees that no grant appropriated funds will be paid to any person for influencing or attempting to influence an officer or employee of any agency, any member of the Wisconsin Legislature, or an employee of a member of the Legislature in connection with the awarding of any state contract, the making of any state grant, the making of any state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any state contract, grant, loan, or cooperative agreement.

Submitting the Application:

Once an application has been submitted, you will no longer be able to access, view, or make changes to your information. When you believe you have finished filling out the application:

- Review the application for completeness and accuracy
- Print a final copy for your records

When preparing to submit your application you should be aware that when you hit the submit button:
- The program will not submit the application until all required fields are entered and all issues are resolved. You may want to allow additional time to make corrections when planning the time to make your submission. If there are problems with your application when you hit the submit button, you will see small red exclamation points beside the problem/missing entries. You will also see a list of items in red at the top of the tabs that you will need to address before the system will accept your application.
- If all fields are entered and there are no issues, the application will be submitted.
- When the application is submitted, the status on your My Grants page will change from "In Process" to "Submitted" and you will no longer be able to access it. When OSD staff starts the review process, the status will change to "Under Review".

After submitting the online application, do not forget to email letters of commitment and support to WisconsinFastForward@dwd.wisconsin.gov. These may be PDF documents or scans with signatures and attached to an email. Please include all letters in one email and in the email subject line the applicant business/organization name, title and the grant application number. These letters are part of a complete application and must be received by the application due date and time.

PROPRIETARY INFORMATION:

Additionally, if you have submitted any information that can be legally considered proprietary information, please inform us of this information and its location in the application by using the Confidential and Proprietary Information Form located at WisconsinFastForward.com.

Please print off, fill out, scan and return the form by e-mail to: WisconsinFastForward@dwd.wisconsin.gov. Please provide the applicant business/organization name, title and the grant application number in the email subject line.

To be considered for funds, the application must be submitted by the date and time indicated on the GPA.

Screen Shots

Tab 1

WISCONSIN FAST FORWARD

These are the details boxes for the Project Partners section above.

Business ⊗

Business Name	: [_____]	FEIN	: [_____]
Type Of Business	: [Select ▼]	NAICS Code ⓘ	: [_____]
Address 1	: [_____]		
Address 2	: [_____]		[+]
City	: [_____]		[-]
State	: [Select ▼]		
Zip Code	: [_____] - [_____]		
Total Fulltime Employees	: [_____]	Contact Name	: [_____][__][_____]
Total Fulltime Employees in WI	: [_____]	Contact Title	: [_____]
Annual Revenue	: [_____]	Phone	: [___-___-____] - [_____]
		Fax	: [___-___-____]
		Email	: [_____]

☐ Check if organization is the applicant.
☐ Check if Fiscal Agent is affiliated with the organization above.
Business/Product Line Description:
[_____]
  Text Limit: 100 | Text Entered: 0

[Update List]

Training Provider ⊗

Provider Name:	[_____]	Contact Name:	[_____][__][_____]
Address 1:	[_____]	Contact Title:	[_____]
Address 2:	[_____]	Phone:	[___-___-____] Ext: [_____]
City:	[_____]	Fax:	[___-___-____]
State:	[▼]	Email:	[_____]
Zip:	[_____] - [_____]		

☐ Check if this organization is the applicant.
☐ Accredited   Accrediting Agency: [_____]
☐ For profit organization ☐ Not for profit organization
☐ Fiscal Agent is affiliated with this organization.

[Update List]

Other Organization (Economic Development Organizations, Workforce Development Boards, Etc.) ⊗

Name:	[_____]	Contact Name:	[_____][__][_____]
Address 1:	[_____]	Contact Title:	[_____]
Address 2:	[_____]	Phone:	[___-___-____] Ext: [_____]
City:	[_____]	Fax:	[___-___-____]
State:	[▼]	Email:	[_____]
Zip:	[_____] - [_____]		

☐ Check if this organization is the applicant.
☐ Fiscal Agent is affiliated with this organization.

[Update List]

These are the Curriculum/Work Statement and Placement Table Screens

Curriculum/Work Statement

Course Title or Training Topic: [_____]   Number of Trainees: [____]

Status: [_____ ▾]   Course Hours per Trainee: [____]

Course Certification: [_____]   Total Training Hours: [____]

Occupations of Trainees:

Search by Job Title: [_____] [Search] [Clear Search] About O*NET

O*NET Occupation: [_____ ▾]

[+]
[−]

Curriculum Explanation:

For each course or training topic listed above, provide the following information: the number of hours per week the trainees will spend in training, the provider of the training and how each component of the training program relates to resolving the critical workforce training issue described in the Problem/Need Statement. (see instructions for further detail) [500 Character Limit]"

Text Limit: 500 | Text Entered: 0

[Update List]

Placement

For each occupation at each business committing to place a trainee, complete the following information. You must include a letter of commitment for each business listed here that includes placement numbers that match the expected placement number field.

Placement Name : [_____ ▾]

Occupation:

Search by Job Title: [_____] [Search] [Clear Search] About O*NET

O*NET Occupation: [_____ ▾]

Expected Placement Number: [____]

Average pre-training hourly wage without benefits for incumbent workers: ⓘ [____]

Expected Post-Training Hourly Wage without Benefits: [____]

Level of Training: [_____ ▾]

[Update List]

STATE OF WISCONSIN
DWD
Department of Workforce Development

Search our Website   Search DWD

MY APPS

Need Help?

WISCONSIN FAST FORWARD 〉 GRANT PROGRAM 〉 APPLY 〉 GRANT APPLICATION

Grant Application   Logout

Correspondence ID: FF141ML12868

Project Info | Compliance | Budget | Project Needs | Goals & Objectives | Design & Implementation | Contributing Partners | Sign & Submit

Applicant Compliance Checklist

		Yes	No
1.	Has, the Applicant, had any discrimination findings after a due process hearing on the basis of race, color, religion, national origin, or sex within the last 5 years?	☐ Yes	☐ No
	If yes, have the discrimination findings been reported to the Office of Civil Rights?	☐ Yes	☐ No
2.	Has, the Applicant, submitted a Civil Rights Compliance (CRC) Plan to the Wisconsin Department of Workforce Development or another state agency within the last two years?	☐ Yes	☐ No
	If yes, has the CRC plan approved?	☐ Yes	☐ No
3.	Does, the Applicant, have any past due liabilities to the federal, state or local government or their agents for income tax withholding, FICA, worker's compensation insurance, unemployment insurance, garnishments or other employee related liabilities, sales tax, property/real estate tax, income tax or other funds owed?	☐ Yes	☐ No
4.	Has, the Applicant, or any officer, subsidiary or affiliate been involved in a lawsuit in the last 5 years?	☐ Yes	☐ No
5.	Has the Applicant, or any owner, subsidiary or affiliate ever been involved in a bankruptcy or insolvency proceeding or are any proceedings pending?	☐ Yes	☐ No
6.	In the last 5 years, has the Applicant, or any owner, office, subsidiary or affiliate been charged with a crime, ordered to pay or otherwise comply with civil penalties imposed, or been the subject of a criminal or civil investigation?	☐ Yes	☐ No
7.	Does the applicant have Worker's Compensation Insurance?	☐ Yes	☐ No

Compliance Explanation:
Please provide a detailed explanation of any YES response.

Applicant Financial Information

Please Note: If the applicant is a public entity (a state or local unit of government or an agency of a state or local unit of government), then the applicant does not need to submit any financial information, but the applicant must fill in the Year 1 column with today's date for FYE Dated, 'N/A' for Type of Financial Statements, and '0.00' for remaining rows. If the applicant is not a public entity and is a private for-profit or a private not-for-profit the applicant must submit at least the Year 1 column of financial information.

	YEAR 1	YEAR 2	YEAR 3
FYE Dated:			
Type of Financial Statements: (Audit, tax return, compilation, etc.)			
Revenue:			
Expenses:			
Net Profit:			
Total Assets:			
Total Liabilities:			
Net Worth:			

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WISCONSIN **FAST** FORWARD

STATE OF WISCONSIN
DWD
Department of Workforce Development

Search our Website | Search DWD

MY APPS

Need Help?

⌂ > WISCONSIN FAST FORWARD > GRANT PROGRAM > APPLY > GRANT APPLICATION

Grant Application   Logout

Correspondence ID: FF141ML12868

Project Info | Compliance | **Budget** | Project Needs | Goals & Objectives | Design & Implementation | Contributing Partners | Sign & Submit

Budget Summary

BUDGET ITEM	REQUESTED FUNDS	CASH MATCH	IN-KIND MATCH	TOTAL
Program/Curriculum Development:				0.00
Instruction:				0.00
Instructional Materials: (Cash and In-Kind match for this line not to exceed 20% of the total match.)				0.00
Facility (off-site):				0.00
Facility (on-site):				0.00
Supplies and Operating Expenses:				0.00
Consultant/Contractual:				0.00
Travel:				0.00
Meals and Lodging:				0.00
Wages/Stipends of Trainee:				0.00
Other:				0.00
Administration Cost: (not to exceed 5% of the total project budget)				0.00
Total:	0.00	0.00	0.00	0.00

Budget Detail

Each budget line item on the Budget table must breakout the individual cost and be supported by a detailed description. See these instructions for further detail on what to include.

Attach detailed breakdown of calculations.

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Tab 4

Tab 5

If you are doing the short application this section will not be included in your application.

Tab 6

If you are doing the short application this section will not be included in your application.

DWD - State of Wisconsin

Tab 7

Need Help?

WISCONSIN FAST FORWARD   GRANT PROGRAM   APPLY   GRANT APPLICATION

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Contributing Partners Participation

Describe the expected involvement of all contributing partners in the following:

- Activities such as recruitment and selection of trainees.
- Development of the training curriculum.
- Implementation of the training program.
- Contribution of resources (cash or in-kind match) to the project.
- Commitments to interview, trial hire, hire and/or give a wage increase to successful trainees.
- (See instructions for further detail) [4500 Character Limit]

Text Limit: 4500 | Text Entered: 0

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WISCONSIN FAST FORWARD

STATE OF WISCONSIN
DWD
Department of Workforce Development

MY APPS

Need Help?

⌂ ❯ WISCONSIN FAST FORWARD ❯ GRANT PROGRAM ❯ APPLY ❯ GRANT APPLICATION

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LETTERS OF COMMITMENT AND SUPPORT

Please email any letters of commitment or support as outlined below to: WisconsinFastForward@dwd.wisconsin.gov

For every business listed in the PLACEMENT section, other than the applicant business, please email a letter of commitment which confirms their agreement to employ the trainees, the number of placements at that business, and the wage and benefit information anticipated for the trainee/new employee which outlines their proposed contributions.

For each source of match funding, please attach a letter of commitment which outlines their proposed contributions, confirms their agreement to provide the funding and what the funds will be used for. Please scan and submit letters with the application.

Also, provide any other letters of support, as appropriate.

TERMS AND CONDITIONS

It is understood and agreed by the undersigned that:

- By submitting this application, I certify that to the best of my knowledge and belief, the information submitted is true and correct;
- Funds granted as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this state;
- Any proposed changes in this proposal as approved will be submitted in writing by the applicant and upon notification of approval by the state shall be deemed incorporated into and become part of this agreement;
- Funds awarded may be terminated at any time for violations of any terms and requirements of this agreement;
- By submitting this application, I certify that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors;
- By submitting this application, I certify that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory interventions or inadequate capital to complete the project;
- The applicant understands this application and other materials submitted to OSD may constitute public records subject to disclosure under Wisconsin's Public Records Law, § 19.31 et. Seq. the applicant will mark documents "trade secret" or "confidential" where appropriate for financial or other sensitive materials that should be, to the extent possible, kept in confidence. OSD will notify the applicant if it receives a public records request for material so marked;
- The applicant agrees to comply with all state and federal civil rights laws the Federal Civil Rights Act of 1964; and
- The applicant agrees that no grant appropriated funds will be paid to any person for influencing or attempting to influence an officer or employee of any agency, any member of the Wisconsin Legislature, or an employee of a member of the Legislature in connection with the awarding of any state contract, the making of any state grant, the making of any state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any state contract, grant, loan, or cooperative agreement.

Name and title of the individual authorized to commit applicants to this agreement:

Name	: _____	Initials	: _____
Title	: _____	Date Signed	: _____

Review this application before hitting the Submit button. Once you submit the application you will no longer be able to access or edit it.

Submit

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